

Patricia Booker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/574687</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7							57						
8							58						
9							59						
10							60						
11			1				61						
12				1			62						
13				2			63						
14				2			64						
15				2			65						
16				2			66						
17				1			67						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	23	←		←	TOTAL DEP.		←		←		←
TOTAL			25				TOTAL						